

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560130

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5		2				
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	1					
18		1				
19	1					
20		1				
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	183	↑	↓	↓	↓	↓
TOTAL CLAIMS	220	↑	↓	↓	↓	↓

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.		←		↓	↓	↓
TOTAL CLAIMS		↑	↓	↓	↓	↓